MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14514

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Fredevick

LENGTH OF STAY (in this place): 26 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fredevick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Fredevick

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Fredevick

STREET ADDRESS (If rural give location): 221 South Market Street

3. NAME OF DECEASED: (Type or Print) (First) Hattie (Middle) (Last) Albaugh

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. (SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: may 12- 1863

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Dressmaker

10b. KIND OF BUSINESS OR INDUSTRY: Self employed

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Albaugh

14. MOTHER'S MAIDEN NAME: Mary E Etzler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT'S ADDRESS: Mrs Fred Myers Walkersville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Arteriosclerotic cardio-vascular disease — long time

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1952, to Dec. 21, 1952, that I last saw the deceased alive on Dec. 20, 1952, and that death occurred at 12:15 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ernest A. Beckham M.D. 1 E. Church St. Dec. 21, 1952

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial — DATE THEREOF: Dec 23-52 — NAME OF CEMETERY OR CREMATORY: Union Chapel — LOCATION (City, town, or county) (State): Lewertynn Md

DATE REC'D BY LOCAL REGISTRAR: 22 December 1952 — REGISTRAR'S SIGNATURE: Elizabeth L Hess

24. FUNERAL DIRECTOR — ADDRESS: G. E. Barton Walkersville Md

RECEIVED
DEC 24 19
BUREAU V. S.

14515

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium | LENGTH OF STAY (In this place) since 7/30/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 539 S. 45th St.

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Adolph (Last) Albrecht
4. DATE OF DEATH: (Month) December (Day) 29 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4/29/1889	63 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Contractor
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August C. Albrecht
14. MOTHER'S MAIDEN NAME: Sophie Grove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-03-2021
17. INFORMANT AND ADDRESS: Leola E. Albrecht (wife), 539 S. 45th St., Dundalk, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002X Immediate cause (a) Pulmonary Tuberculosis — 14 Mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation — 7 Mos.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/30, 1952, to 12/29, 1952, that I last saw the deceased alive on 12/29/52, 19..., and that death occurred at 11:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. D. Lyon, M.D. State Sanatorium, Md. 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 3, 1953	Woodlawn	Woodlawn, Balto. Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/30/52	J. D. Lyon	Charles Zeiler, Balto. Md.

RECEIVED
DEC 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14516

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) B. (Last) Boileau

4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 11/2/1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Noah Young

14. MOTHER'S MAIDEN NAME: Laura Herring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: William B. Boileau, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4427

Immediate cause (a) Cardio - Renal - Vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 11, 1952, to Dec 20, 1952, that I last saw the deceased alive on Dec 20, 1952, and that death occurred at 1:35 A m., from the causes and on the date stated above.

SIGNATURE J E Harp (DEGREE OR TITLE) MD ADDRESS Middletown DATE SIGNED 12-22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 12/22/1952

NAME OF CEMETERY OR CREMATORY Lutheran Cemetery

LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REG. 12/22/52

REGISTRAR'S SIGNATURE Marie Gladhill

24. FUNERAL DIRECTOR ADDRESS Gladhill Co., Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 30 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

14517

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (in this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 15 W 7th St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 15 W 7th St

3. NAME OF DECEASED (Type or Print): (First) MERHLE (Middle) LESLIE (Last) Bopst
4. DATE OF DEATH: (Month) Dec (Day) 16 (Year) 19 52
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): single
8. DATE OF BIRTH: May 28 1890
9. AGE last birthday: 62 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): moulder
10b. KIND OF BUSINESS OR INDUSTRY: Steel
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John C. Bopst
14. MOTHER'S MAIDEN NAME: Georgetta Derbyshough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: 214-10-3244
17. INFORMANT: Harry Bopst - FREDERICK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac myocarditis	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Arteriosclerosis	10 yrs
	(c)	

322.1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Dec 16, 19 52, that I last saw the deceased alive on Dec 16, 19 52, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE: N. Keene (Degree or title) M.D. ADDRESS: Frederick Md. DATE SIGNED: Dec 18 52

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial | DATE: 12/19/52 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet | LOCATION (City, town, or county) (State): Frederick Frederick Md

DATE REC'D BY LOCAL REG.: 18 December 1952 | REGISTRAR'S SIGNATURE: Elizabeth L. Hess | 24. FUNERAL DIRECTOR: H. E. Eaby & Co | ADDRESS: Frederick Md

RECEIVED
DEC 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14318

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Middletown
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Maurice (Middle) F (Last) Brandenburg

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widower	May 1, 1859	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmowner, ret.	farm	Maryland	U. S.

13. FATHER'S NAME: Daniel Brandenburg

14. MOTHER'S MAIDEN NAME: Lydia Ann Remsberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Raymond Baker, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Advanced generalized arteriosclerosis	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis — 5 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
—		

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12/3, 1952, to 12/6, 1952, that I last saw the deceased alive on 12/4, 1952, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE C. Talbert Boone M.D. (DEGREE OR TITLE) ADDRESS Jefferson DATE SIGNED 12/8/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/9/1952	Reformed Cemetery	Middletown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
12/9/1952	Maurice Gladhill	Gladhill Co., Middletown, Md.

RECEIVED
DEC 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1319

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AHA

1. PLACE OF DEATH: COUNTY Fred. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 424 Middle Alley

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Fred
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 424 Middle Alley

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) COLUMBUS (Last) BROOKS
4. DATE OF DEATH: (Month) DEC. (Day) 15 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Col.
7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: 2-28-1904
9. AGE last birthday: 48 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construct. LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Knoxville Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Henry Brooks
14. MOTHER'S MAIDEN NAME: Susan Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-10-9968
17. INFORMANT AND ADDRESS: Mrs. Eliza Wims 476 W. Patrick St Fred. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

E8-1.0

Immediate cause (a) CARBON MONOXIDE POISONING — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY GARAGE
(CITY OR TOWN) MIDDLE ALLEY, (COUNTY) FRED., (STATE) FRED., MD.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12 - 14 - 52 12 00 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? FELL ASLEEP AUTO, CLOSED GARAGE, MOTOR RUN.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Durie, M.D. 8 W 3d St., Frederick, Md 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec. 18-52
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) (State) Knoxville - Md.

DATE REC'D BY LOCAL REG. 18 December 1952
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR Charles E. Kirby III
ADDRESS Fred. - Md.

MARYLAND STATE DEPARTMENT OF HEALTH 14520

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY FREDERICK — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK — LENGTH OF STAY (In this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEM. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural, Mt Pleasant
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) AMANDA (Middle) ELLEN (Last) BURRIER
4. DATE OF DEATH: (Month) Dec. (Day) 29 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify) Single
8. DATE OF BIRTH: Dec. 7, 1869
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob S. Burrier
14. MOTHER'S MAIDEN NAME: Savenia Long
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS: Mr Harold Burrier, Fred., Route 1, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Surgical Shock, Postoperative

9040 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured left hip

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-29-52
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Route 1, Frederick (COUNTY) Frederick (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 12 - 23 - 1952 m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? fell at home & fractured L. hip

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Robert J. Durie M.D., 8 W Third St. Frederick, Md. 12-29-52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial
DATE THEREOF: Jan 1, 1953
NAME OF CEMETERY OR CREMATORY: Chapel Cemetery
LOCATION (City, town, or county) (State): Mt. Liberty town Fred Co, Md
DATE REC'D BY LOCAL REG.: 3 December 1952
REGISTRAR'S SIGNATURE: Elizabeth D. Heik
24. FUNERAL DIRECTOR — ADDRESS: J. C. Barton, Walkersville, md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M5A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick; MARYLAND; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) Frederick; STREET ADDRESS (If rural, give location) 12 Walter St.

3. NAME OF DECEASED (Type or Print): (First) Infant; (Middle); (Last) Burriss

4. DATE OF DEATH: (Month) December; (Day) 25; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: 12-25-52

9. AGE last birthday: yrs.; If under 1 year: Months; Days 3; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Landis Burriss

14. MOTHER'S MAIDEN NAME: Marie Isabelle Wiles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Wm. L. Burriss, Frederick, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fetal atelectasis

(c)

INTERVAL BETWEEN ONSET AND DEATH

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1952, to Dec 25 1952; that I last saw the deceased alive on Dec. 24, 1952, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Frederick, Maryland 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 27 1952	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
29 Dec-1952	Elizabeth L. Heck.	C. E. Cline & Son	Frederick, Maryland

20V2192405

Item 7, Line #144
1/7/53, mmb

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN: Brunswick
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 111 - 5th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
STREET ADDRESS (If rural, give location): 111 - 5th ave

3. NAME OF DECEASED (Type or Print): (First) Benjiman (Middle) T. (Last) Callary

4. DATE OF DEATH: (Month) Dec. (Day) 18 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 26 1874

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Janitor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Aklesville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Callary

14. MOTHER'S MAIDEN NAME: Mary L. Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Hewes Kelley, Brunswick, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis — Interval Between Onset and Death: 4 yrs

4500 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15/48 to 12/18/52, that I last saw the deceased alive on 12/18/52, and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D. — ADDRESS: Brunswick Md — DATE SIGNED: 12/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/21/52 — NAME OF CEMETERY OR CREMATORY: St. Marks Episcopal — LOCATION (City, town, or county) (State): Petersville, Md.

DATE REC'D BY LOCAL REG.: 12-21-52 — REGISTRAR'S SIGNATURE: Eugenia F. Burkins

24. FUNERAL DIRECTOR: Jesse S. Dailey — ADDRESS: Harpers Ferry, W. Va.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14523

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick
LENGTH OF STAY (In this place) Dec 16/31/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) J. (Last) Cline

4. DATE OF DEATH: (Month) Dec (Day) 31 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) MARRIED

8. DATE OF BIRTH: 1-30-1893

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): mill worker

10b. KIND OF BUSINESS OR INDUSTRY: Feed mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Charles L. Cline

14. MOTHER'S MAIDEN NAME: Alice Brandenburg

15 WAS DECEASED EVER IN U S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-05-9101

17. INFORMANT & ADDRESS: Mrs. Oneida Cline, Middletown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Purulent Peritonitis unknown origin — Interval Between Onset And Death: 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Dec 1952

19b. MAJOR FINDINGS OF OPERATION: Volvulus Recto sigmoid

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 18, 1952, to Dec 31, 1952, that I last saw the deceased alive on Dec 31, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John M. Eiller MD 15, E Leand St, Frederick Md Dec 31, 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1-3-1953
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Middletown, Md.

DATE REC'D BY LOCAL REGISTRAR 2 January 1953
REGISTRAR'S SIGNATURE Elizabeth J. Herb.

24. FUNERAL DIRECTOR ADDRESS
Gladhill Co. Middletown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; LENGTH OF STAY (In this place) 5 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia; COUNTY Cumberland; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampden-Sydney; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Copenhaver (Last) Crawley

4. DATE OF DEATH: (Month) Dec. (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Oct. 7, 1884

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Lilburn Copenhaver

14. MOTHER'S MAIDEN NAME: Laura Tison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Laura Birkland, Thurmont, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Colon — Interval Between Onset and Death: 8 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia — 8 mos.

19a. DATE OF OPERATION: May 21-1952 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon extending to Stomach + Spleen — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): No — m. INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 19 52, to Dec. 7, 19 52, that I last saw the deceased alive on Dec. 7, 19 52, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James K. Gray M.D. Thurmont Md. Dec. 8-1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 11. 1952 — NAME OF CEMETERY OR CREMATORY: Siena Presbyterian Church — LOCATION (City, town, or county) (State): Fairmille Virginia

DATE REC'D BY LOCAL REG.: Dec. 9, 1952 — REGISTRAR'S SIGNATURE: Blanche J. Eyler — 24. FUNERAL DIRECTOR: M. F. Creager & Son — ADDRESS: Thurmont Md.

VS: A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

14525

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Frederick
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown
LENGTH OF STAY (In this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middletown
STREET ADDRESS (If rural, give location): Main Street

3. NAME OF DECEASED (Type or Print): (First) HUGH (Middle) HAMILTON (Last) CULLER

4. DATE OF DEATH: (Month) December (Day) 23, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 19, 1888

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railway Trainman

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel M. Culler

14. MOTHER'S MAIDEN NAME: Emma Zimmerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Ruth C. Culler, Middletown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 8 min.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 23, 1952, to Dec 23, 1952, that I last saw the deceased alive on Dec 23, 1952, and that death occurred at 10:00P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

O E Harp M.D, Middletown, Maryland 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 26, 1952

NAME OF CEMETERY OR CREMATORY: Reformed Cemetery

LOCATION (City, town, or county) (State): Jefferson, Maryland

DATE REC'D BY LOCAL REG.: 26 Dec 1952

REGISTRAR'S SIGNATURE: Marie Gladhill

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

11326

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick
STATE: MARYLAND
~~CITY~~ TOWN (If outside corporate limits, write RURAL and give nearest town): Adamstown R.F.D.#1
LENGTH OF STAY (in this place): 32 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Park Mills

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
~~CITY~~ TOWN (If outside corporate limits, write RURAL and give nearest town): Adamstown R.F.D. #1
STREET ADDRESS (If rural, give location): Park Mills

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) ABELL (Last) CUTSAIL

4. DATE OF DEATH: (Month) December (Day) 6, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: June 4, 1889

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. Heron Cutsail

14. MOTHER'S MAIDEN NAME: Lydia A. Kanode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Walter A. Cutsail, Adamstown R.F.D. #1, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
1 7 X Immediate cause	(a) Uremia	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of prostate w/metastases to spine	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 1951
19b. MAJOR FINDINGS OF OPERATION: Palliative orchiectomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1950, to 6 Dec, 1952, that I last saw the deceased alive on 6 Dec., 1952, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE: Charles K Cooley Jr (Degree or title) M. D. ADDRESS: Frederick, Md. DATE SIGNED: 12/7/52

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify): Burial
DATE: Dec. 9, 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 9 December 1952
REGISTRAR'S SIGNATURE: Elizabeth Gatchell

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH 21527

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS East South Exdt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; STREET ADDRESS (If rural, give location) 215 West Patrick Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	CHARLES	WESLEY	DAVIS		12	19	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	16 Sept 1901	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Road Construction	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Millard Davis	Pheba Sheets

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	217-10-9449	Mrs. Vernon McDonald, Lime Kiln, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CRUSHED THORAX	10 Minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Factory	(CITY OR TOWN) Frederick	(COUNTY) Frederick	(STATE) Maryland

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR?
12-19-52 11:20A m.		Crushed Under A Stone Loader

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title) ADDRESS	DATE SIGNED
Robert J. June	M. D., 8 W. 3rd St., Frederick, Md.	19 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	22 Dec 1952	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
22 December 1952	Elizabeth G. Heck.	M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doubs
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Doubs
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) HOWARD (Last) DELAUTER

4. DATE OF DEATH: (Month) 12 (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

DATE OF BIRTH: 27 May 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Railway Mail Clerk

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Tobias DeLauter

14. MOTHER'S MAIDEN NAME: Martha Mock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Miss M. Josephine DeLauter, Doubs, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177X

Immediate cause (a) Carcinoma prostate — Interval Between Onset and Death: 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases, multiple, bones — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949, to Dec. 29, 1952, that I last saw the deceased alive on Dec. 28, 1952, and that death occurred at 7:45 P m., from the causes and on the date stated above.

SIGNATURE: Bernard Thomas Jr. (Degree or title) M. D. ADDRESS: Frederick, Maryland DATE SIGNED: 31 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2 Jan 1953

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 2 January 1953

REGISTRAR'S SIGNATURE: Elizabeth S. Hoke

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

Item 21(f) Film G150 1-29-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14529

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 10 Clarke Place

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) STEPHEN (Last) EADER
4. DATE OF DEATH: (Month) Dec. (Day) 14 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widower
8. DATE OF BIRTH: 10 April 1860
9. AGE last birthday: 92 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Doctor of Dental Surgery
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Augustus Lewis Eader
14. MOTHER'S MAIDEN NAME: Ann Mann
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Helen E. Johnson, ~~10 Clarke Place,~~ Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
703.0 Immediate cause	(a) Shock Senility.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture Hip.	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell on rug in his home.

22. I hereby certify that I attended the deceased from Dec. 12, 19 52, to Dec. 14, 19 52, that I last saw the deceased alive on Dec. 14, 19 52, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
G. P. Hemler M. D. Frederick, Maryland 15 Dec 1952

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE: 17 Dec 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 15 December 1952
REGISTRAR'S SIGNATURE: Elizabeth S. Heck
24. FUNERAL DIRECTOR: M. R. Etchison & Son
ADDRESS: Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium; LENGTH OF STAY (in this place) Since 12/1/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 970 Jefferson St. ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Donivan	C.	Eakle	Dec.	17	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	8/19/1906	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY: Public trans. Pot Edd
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Howard Eakle
14. MOTHER'S MAIDEN NAME: Lena Snavely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Nora C. Eakle (Wife) 970 Jefferson St., Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation	1 Week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	2 Yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 2 Mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 12/1, 1952, to 12/17, 1952, that I last saw the deceased alive on 12/17, 1952, and that death occurred at 2:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): V. B. Lyon, M.D. ADDRESS: State Sanatorium, Md. DATE SIGNED: 12/19/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/20/52	Rest Haven Cemetery	Hagerstown,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/19/52	V B Lyon	Rest Haven Funeral Chapel	Hagerstown, Md.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: pl[illegible]te the causes of death clearly [illegible]d legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR RURAL: Frederick
STREET ADDRESS (If rural, give location): 242 East Seventh Street

3. NAME OF DECEASED (Type or Print): (First) CLEMON (Middle) HAMILTON (Last) EYLER

4. DATE OF DEATH: (Month) December (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: Dec. 30, 1885

9. AGE Last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cranemans Follower

10b. KIND OF BUSINESS OR INDUSTRY: Iron & Steel Factory

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James W. Eyler

14. MOTHER'S MAIDEN NAME: Catherine Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-10-3728

17. INFORMANT AND ADDRESS: Mrs. Russell E. Fulmer, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 10 days

610X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Acute retention of urine
(c) due to enlarged prostate — 24 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1952 to Dec. 24, 1952, that I last saw the deceased alive on Dec. 24, 1952, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. Thomas — ADDRESS: Frederick, Md. — DATE SIGNED: Dec. 26 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 27, 1952 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 27 Dec - 1952 | REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR — ADDRESS: C. E. Cline & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1253

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) Frederick — LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 173 — W. Patrick St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR Frederick
STREET ADDRESS (If rural, give location) 173 W. Patrick St.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) W (Last) EYLER
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	June 25, 1877	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer - Grinder	Fred. Iron + Steel Co.	Maryland	U.S.A.

13. FATHER'S NAME: Edward Eyler
14. MOTHER'S MAIDEN NAME: Mary Susan Quiterman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	214-10-3053	Wm. A. Eyler, 17 E. 9th St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute coronary artery thrombosis	
420 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY None	(CITY OR TOWN) Frederick	(COUNTY) Frederick	(STATE) Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY 12 - 27 - 52 12 30 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Dropped dead in room.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert J. Dunn, M.D.	8 W 3rd St., Frederick, Md.	12-27-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 29, 1952	Rocky Hill	Mt. Woodsboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
29 Dec 1952	Elizabeth L. Heck	H. C. Barton, Walkersville,	Md.

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A[illegible]

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (In this place): Minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS: In Front of Oprea House

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 240 West Fifth Street

3. NAME OF DECEASED (Type or Print): (First) NELSON (Middle) WILLIAM (Last) EYLER

4. DATE OF DEATH: (Month) December (Day) 26, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 10, 1901

9. AGE last birthday: 51 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist-Frederick Iron and Steel Co.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Eyler

14. MOTHER'S MAIDEN NAME: Ellen Eyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: 214-10-3497

17. INFORMANT AND ADDRESS: 240 West 5th St. Mrs Nelson Eyler. Frederick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval Between Onset and Death: Sudden

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chr Myocarditis — 2 years
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 11, 1950, to Dec 26, 1952, that I last saw the deceased alive on Dec 26, 1952, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE: H Lawrence Pickrus (Degree or title): M.D. ADDRESS: Frederick, Maryland DATE SIGNED: 12/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Dec. 29, 1952
NAME OF CEMETERY OR CREMATORY: Rocky Hill Cemetery
LOCATION (City, town, or county) (State): Near Woodsboro, Maryland

DATE REC'D BY LOCAL REG.: 29 Dec 1952
REGISTRAR'S SIGNATURE: Elizabeth L Hoke.

24. FUNERAL DIRECTOR: M.R. Etchison & Son. ADDRESS: Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14534 (3/1)

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; MARYLAND; LENGTH OF STAY (in this place) 4 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Johnsville

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; STREET ADDRESS (If rural, give location) Johnsville

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HENRY (Last) FOGLE

4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower

8. DATE OF BIRTH: 6/9/1870

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer retired

10b. KIND OF BUSINESS OR INDUSTRY: farmer

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Nicholas Fogle

14. MOTHER'S MAIDEN NAME: Mary Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Samuel Fogle, Union Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis.

420.1

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Senile Degeneration

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 hrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952 to Dec 10, 1952 that I last saw the deceased alive on Dec 10, 1952 and that death occurred at 4:01 m, from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Mosher M.D. ADDRESS Union Bridge Md. DATE SIGNED Dec 12 52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE 12/12/52

NAME OF CEMETERY OR CREMATORY Beaver Dam Crem.

LOCATION (City, town, or county) Clarks Burg (State) Md

DATE REC'D BY LOCAL REG. Dec 10, 1952

REGISTRAR'S SIGNATURE Evelyn A. Eckstine Elev. Heck-cmw

24. FUNERAL DIRECTOR D. D. Hentzler & Sons

ADDRESS Union Bridge & New Windsor Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

A 5235

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The ... is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15(

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick-Rural RD#2 — LENGTH OF STAY (in this place): Years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Junction

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Frederick
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick-Rural RD#2
   STREET ADDRESS (If rural, give location): Frederick Junction

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) STEPHEN (Last) COMPHER GEISBERT

4. DATE OF DEATH: (Month) 12 (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6 Sept 1865

9. AGE last birthday: 87 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hamilton R. Geisbert

14. MOTHER'S MAIDEN NAME: Martha E. Ramsburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: R. F. D. #2, Mrs. Mary C. Geisbert, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease (? Arteriosclerotic) — Interval between onset and death: Many months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☒X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED: While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19—, to —, 19—, that I last saw the deceased alive on never, 19—, and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE: Robt R. Martin — (Degree or title): M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 11 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 13 Dec 1952 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 12 December 1952 — REGISTRAR'S SIGNATURE: Elizabeth L. Hoch

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison and Son, Frederick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount Knoxville
LENGTH OF STAY (in this place) 59
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mountain Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Knoxville
STREET ADDRESS (If rural, give location) Mountain Road

3. NAME OF DECEASED (Type or Print): (First) Nellie (Middle) Agnes (Last) Giles

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 7-9-1893

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Columbus Truman

14. MOTHER'S MAIDEN NAME: Eliza Ross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: James Giles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4261 Immediate cause (a) Coronary occlusion — 6 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to Dec. 22, 1952; that I last saw the deceased alive on Dec 22, 1952, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Brunswick Md DATE SIGNED: Dec. 22-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-26-52 | NAME OF CEMETERY OR CREMATORY: St. Marys | LOCATION (City, town, or county) (State): Petersville Maryland

DATE REC'D BY LOCAL REG. 12-23-52 | REGISTRAR'S SIGNATURE: Kathryn H. Brown | 24. FUNERAL DIRECTOR: C. H. Fairfax & Bro | ADDRESS: Brunswick Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14537

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick | LENGTH OF STAY (in this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 508 West Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick
STREET ADDRESS (If rural, give location) 508 West Potomac St

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Samuel (Last) Henley
4. DATE OF DEATH: (Month) 12 (Day) 23 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-15-1880
9. AGE last birthday: 73 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steam Locomotive Engineer
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. R.R.Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: James H. Henley
14. MOTHER'S MAIDEN NAME: Sally E. Thorpe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): Yes
16. SOCIAL SECURITY NO.: 705-09-1869
17. INFORMANT AND ADDRESS: Mrs Bertha F Henley Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — Acute
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — 10 Yrs
(c)

(181X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of bladder — 2 Yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 19 53, to 12/20, 19 52, that I last saw the deceased alive on 12/23, 19 52, and that death occurred at 8:54 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Buried | 12-26-52 | Park Heights | Brunswick Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS
Dec 24-52 | Kathryn H. Brown | C. A. Fete & Bro Brunswick Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14538

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The entry in each space is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1. PLACE OF DEATH
COUNTY: Frederick
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick Rural # 2
LENGTH OF STAY (in this place): 35 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Urbana

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick, R.F.D. #2,
STREET ADDRESS (If rural, give location): Near Urbana

3. NAME OF DECEASED (Type or Print): (First) ROYAL (Middle) GRAFTON (Last) HILTON

4. DATE OF DEATH: (Month) December (Day) 16, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 3, 1889

9. AGE last birthday: 63 yrs. If under 1 year: Mooths. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James R. Hilton

14. MOTHER'S MAIDEN NAME: Florence Becraft

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 217-10-0254

17. INFORMANT AND ADDRESS: Mrs. Rachel T. Hilton, Frederick, R.F.D. #2, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of vocal cord — INTERVAL BETWEEN ONSET AND DEATH: July 1950

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) metastasis lymphatic glands of neck & brain, rt shoulder

(c) & lungs

16 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Dec. 16, 1952, that I last saw the deceased alive on Dec. 16, 1952, and that death occurred at 3:21 P. m., from the causes and on the date stated above.

SIGNATURE: B. Thomas M.D. (Degree or title) ADDRESS: Frederick, Maryland DATE SIGNED: 12/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Dec. 19, 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 17 December 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Hesh-

24. FUNERAL DIRECTOR: M.R. Etchison & Son
ADDRESS: Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place) 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 248 West Patrick Street

3. NAME OF DECEASED (Type or Print): (First) ADA (Middle) ROELKE (Last) HOBBS
4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	3 Nov 1896	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis A. Kolb
14. MOTHER'S MAIDEN NAME: Betty Roelke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Paul A. Hobbs, ~~248 W. Patrick St.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction	6 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes, with gangrene	10 yrs +
	(c) on both feet	3 weeks

2607

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1945, to Dec. 31 1952, that I last saw the deceased alive on Dec. 31, 1952, and that death occurred at 4:48 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. E. Simmons	M. D.	Frederick, Maryland	2 Jan 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3 Jan 1953	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2 January 1953	Elizabeth G. Hoch	M. R. Etchison & Son, Frederick, Maryland

Item 8 Film G151 2/17/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15048

CERTIFICATE OF DEATH

Reg. Dist. No. [redacted] 138

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1 PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) Typo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crutchly Nursing Home North Market St

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick
STREET ADDRESS (If rural give location) North Market St

3. NAME OF DECEASED: (Type or Print) (First) Mrs (Middle) Sue (Last) Hood
4. DATE OF DEATH: (Month) Dec (Day) 27 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: May 21 - 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Howard County Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Joseph Hood
14. MOTHER'S MAIDEN NAME: Sarah Hood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Nursing Home Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemorrhage DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO
(c) Hypertension

331X

Interval Between Onset And Death: 1 Day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) No m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 26, 1952, to Dec. 27, 1952, that I last saw the deceased alive on Dec. 27, 1952 and that death occurred at 3 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) A. A. Geare M.D. ADDRESS Frederick Md. DATE SIGNED 12/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 29-1952
NAME OF CEMETERY OR CREMATORY Stackhouse Family Cemetery
LOCATION (City, town, or county) Poplar Springs Howard (State) Md
DATE REC'D BY LOCAL REGISTRAR Dec 29 - 52
REGISTRAR'S SIGNATURE Lucian K. Falconer
24. FUNERAL DIRECTOR W. E. Falconer ADDRESS New Market Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14540

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Frederick — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick City

LENGTH OF STAY (In this place) 4 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Frederick

~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Myersville

STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Mrs Elizabeth (Middle) D. (Last) Horine

4. DATE OF DEATH: (Month) Dec (Day) 3 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 4 1870

9. AGE last birthday: 82-8-29 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if (retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Myersville Fred. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dawson F. Flook

14. MOTHER'S MAIDEN NAME: Elizabeth Harp.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Medical arts Building Dr. Cyrus F. Horine - Cathedral + Red St. Baltimore, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 421.0 DUE TO Acute Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerosis

(c)

Interval Between Onset And Death: 4 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 1952 to Dec. 3, 1952, that I last saw the deceased alive on Dec. 3, 1952 and that death occurred at 11:15 P.M., from the causes and on the date stated above.

SIGNATURE A. A. Pearre, M.D. (Degree or title) ADDRESS Frederick Md. DATE SIGNED 12/3/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 6. 1952 — NAME OF CEMETERY OR CREMATORY Mt. Zion E.U.B. Cemetery — LOCATION (City, town, or county) (State) Myersville Fred. Co. Md

DATE REC'D BY LOCAL REGISTRAR Dec. 5. 1952 — REGISTRAR'S SIGNATURE Elizabeth G Hecks.

24. FUNERAL DIRECTOR C. J. Bast + Sons ADDRESS Boonsboro. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; LENGTH OF STAY (in this place) 48 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Petersville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Fred.; CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Brunswick; STREET ADDRESS (If rural, give location) Petersville Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) X (Last) Johnson

4. DATE OF DEATH: (Month) 12 (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3—1904

9. AGE last birthday: 48 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Russell Johnson

14. MOTHER'S MAIDEN NAME: Malone Driggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Melvin White Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerosis - Hypertension — ? ?

331 X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 1952, to 12/28, 1952, that I last saw the deceased alive on 12/28, 1952, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. N. Coppuccio - M.D. - Knoxville-Va - 12/29/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-1-53

NAME OF CEMETERY OR CREMATORY: Mountain

LOCATION (City, town, or county) (State): Knoxville Md

DATE REC'D BY LOCAL REG.: Dec 31-52

REGISTRAR'S SIGNATURE: Kathryn L. Brown

24. FUNERAL DIRECTOR ADDRESS: C. H. Fertel Bro Brunswick Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 1542

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural - Mt. Airy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Linwood (Middle) E. (Last) Johnson

4. DATE OF DEATH: (Month) 12 (Day) 16 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: 5/24/52

9. AGE last birthday: yrs. 7 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or Foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Harry W. Johnson

14. MOTHER'S MAIDEN NAME: Margaret Dotson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Frederick Memorial Hospital

18. MEDICAL CERTIFICATION

1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Meningitis, acute, ~~severe~~ Pneumococcic — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 13 Dec, 1952, to 16 Dec, 1952, that I last saw the deceased alive on 16 Dec, 1952, and that death occurred at 5:55 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) R L Guest, MD — ADDRESS 7 E. Church Frederick Md. — DATE SIGNED 12/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12-17-1952 — NAME OF CEMETERY ~~OR CREMATORY~~ Mt. Zion — LOCATION (City, town, or county) (State) Carroll Co., Md.

DATE REC'D BY LOCAL REGISTRAR 17 Dec 1952 — REGISTRAR'S SIGNATURE Elizabeth G. Hoch.

24. FUNERAL DIRECTOR C. M. Waltz, — ADDRESS Winfield, Md.

VS. A15

2052204376

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (in this place) 6 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS I.O.O.F. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) I.O.O.F. Home

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) AMELIA (Last) JONES

4. DATE OF DEATH: (Month) December (Day) 23, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 2, 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Trapp

14. MOTHER'S MAIDEN NAME: Annie Ganter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: I.O.O.F. Home, Winfield S. Jones, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 years

(c)

'33H

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 19.52 to Dec. 23, 19.52 that I last saw the deceased alive on Dec. 23 19.52 and that death occurred at 7:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. M. Smith M.D. Frederick, Maryland 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 27, 1952

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 29 December 1952

REGISTRAR'S SIGNATURE: Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

RECEIVED
DEC

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 10 East Third Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 10 East Third Street

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) JOSHUA (Last) KEFAUVER

4. DATE OF DEATH: (Month) 12 (Day) 1 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4 July 1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Taxi Cab

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles P. Kefauver

14. MOTHER'S MAIDEN NAME: Laura Koogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-10-0748

17. INFORMANT AND ADDRESS: Mrs. Lillie H. Kefauver, ~~10 E. 3rd St.,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1952, to Dec 1, 1952, that I last saw the deceased alive on Nov 26, 1952, and that death occurred at 6 P m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): [signature] M. D.

ADDRESS: Frederick, Maryland

DATE SIGNED: 3 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4 Dec 1952

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 3 December 1952

REGISTRAR'S SIGNATURE: Elizabeth S. Hesh-

24. FUNERAL DIRECTOR AND ADDRESS: M. R. Etchison and Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A12

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STATE: MARYLAND
LENGTH OF STAY (In this place): 10 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 110 McMurray Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Braddock Heights
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MARGARET	WILSON	KERN		12	3	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Divorced	5 June 1891	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Restaurant Owner	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Wilson	Celie Daniels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Wilbur E. Kern, Haddanfield, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinomatosis - Gastric Carcinoma — Interval Between Onset and Death: 14 months

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 1952, to Dec 3, 1952, that I last saw the deceased alive on Dec 3, 1952, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas G Stem	M. D.	Frederick, Maryland	3 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5 Dec 1952	United Brethren Cemetery	Thurmont, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3 December 1952	Elizabeth S. Hesh.	M. R. Etchison & Son,	Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14546

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place) Several Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 250 Carroll Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 250 Carroll Parkway

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOHN	WILLIAM	KINDLE		12	14	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	26 May 1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Master Mechanic	Navy Yard	West Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George R. Kindle	Rachel McClare

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Annie H. Kindle, ~~250 Carroll Parkway,~~ Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular Renal Disease	3 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-28, 1952, to Dec 14, 1952, that I last saw the deceased alive on Dec 14, 1952, and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H Lawrence Jakins	M. D.	Frederick, Maryland	17 Dec 1952

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	17 Dec 1952	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
December 14, 1952	Elizabeth G. Hack.	M. R. Etchison & Son,	Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH 14547

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (In this place) MARYLAND Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 West Third Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; STREET ADDRESS (If rural, give location) 20 West Third Street

3. NAME OF DECEASED (Type or Print): (First) Adele (Middle) Hall (Last) Kreh

4. DATE OF DEATH: (Month) DECEMBER (Day) 7, (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Nov. 18, 1879

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Philip T. Hall

14. MOTHER'S MAIDEN NAME: Mary Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. George E. Wilson Sr., 102 West Third St. Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wounds (2) of heart, liver, spleen, stomach - hemorrhage and shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

9811

INTERVAL BETWEEN ONSET AND DEATH: Probably instantly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) INJURY: HOME (CITY OR TOWN) Frederick (COUNTY) Frederick (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): DEC. 7, 1952 Estimated 7:00 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Shot by husband who committed suicide

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert J. Durie, M.D., 8 W. 3d St., Frederick, Md. 12-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 10, 1952

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 9 December 1952

REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

1454

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

1. PLACE OF DEATH: COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (In this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 20 West Third Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 20 West Third Street

3. NAME OF DECEASED (Type or Print): (First) Capt. Arthur (Middle) Theadore (Last) Kreh

4. DATE OF DEATH: (Month) December (Day) 7, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): Widower

8. DATE OF BIRTH: Dec. 19, 1884

9. AGE last birthday: 67 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Captian

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles F. Kreh

14. MOTHER'S MAIDEN NAME: Henrietta Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WW1

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 102 West Third Street
Mrs. George E. Wilcoxn, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound of skull and — Interval between onset and death: Probably instantly

976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) brain

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ~~OR CONTRIBUTING~~, CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): Frederick, Frederick, Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: DEC. 7, 1952 7.25 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Self-inflicted GSW

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert J. Furie, M.D., 511 3d St., Frederick, Md. 12-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Dec. 10, 1952

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 9 December 1952

REGISTRAR'S SIGNATURE: Elizabeth J. Feeds

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AR

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NW Frederick; LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brunswick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Harold; (Middle); (Last) Lake

4. DATE OF DEATH: (Month) 12; (Day) 13; (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-10-1905

9. AGE last birthday: 47 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gabriel J Lake

14. MOTHER'S MAIDEN NAME: Bessie M Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Gabriel J Lake Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paresis — Interval Between Onset and Death: 4 years.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 322.1

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Alcoholism — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 5, 1952, to Dec. 13, 1952, that I last saw the deceased alive on Dec. 13, 1952, and that death occurred at 9:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C Bernard Clemens Jr. M.D. Frederick Md. Dec. 13, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12-15-1952
NAME OF CEMETERY OR CREMATORY: River View
LOCATION (City, town, or county) (State): Shamburg Virginia

DATE REC'D BY LOCAL REG.: 13 December 1952
REGISTRAR'S SIGNATURE: Elizabeth B. Heck.

24. FUNERAL DIRECTOR: C. H. Fuhrman Bro
ADDRESS: Brunswick Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Knoxville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Knoxville
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Leo (Last) Lewis

4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-13-1887

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter Helper

10b. KIND OF BUSINESS OR INDUSTRY: S. & R. R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Lewis

14. MOTHER'S MAIDEN NAME: Annie M. Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unk. (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 705-10-2859

17. INFORMANT AND ADDRESS: Mrs Lucy Webb Lewis Knoxville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Coronary sclerosis — 5 yrs.

0277 (c) Senile Senile. — yrs?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1947, to 12-24-1952 that I last saw the deceased alive on 12-21-1952, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: Brunswick, Md. DATE SIGNED: 12-24-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-24-52	Reformed	Knoxville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 23-52	Kathryn H. Brown	J. A. Fisher Sr	Brunswick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11351

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; STREET ADDRESS (If rural, give location) 926 North Market Street

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) PIUS (Last) LITTLE

4. DATE OF DEATH: (Month) December (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: Nov. 16, 1879

9. AGE last birthday: 73 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Mail Carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry E. Little

14. MOTHER'S MAIDEN NAME: Anne Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Regina C. Little, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Rupture of thoracic aorta	Immed.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	20+ yrs.
	(c) Small posterior myocard. infarct	14 hrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 30 Nov., 1952, to 1 Dec., 1952, that I last saw the deceased alive on 1 Dec., 1952 and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles H. Corby Jr. M.D. ADDRESS: Frederick, Md. DATE SIGNED: 12/3/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: Dec. 4, 1952; NAME OF CEMETERY OR CREMATORY: St. Johns Cemetery; LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 3 December 1952; REGISTRAR'S SIGNATURE: Elizabeth S. Hesh

24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1952

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chestnut St. Frederick

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick Md
STREET ADDRESS (If rural, give location) Chestnut Street

3. NAME OF DECEASED (Type or Print): (First) MINNIE (Middle) J. (Last) MAIN

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: May 4 1865

9. AGE last birthday: 87 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Adams Co. Penna.

12. CITIZEN OF WHAT COUNTRY? U/S

13. FATHER'S NAME: John Kelly

14. MOTHER'S MAIDEN NAME: Catherine ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Herman Main

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X Immediate cause (a) Diabetes Mellitus — 2 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetic Coma and Acidosis — 3 weeks

(c) Bronchopneumonia — 1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Hemorrhage — 1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1952, to Dec 22, 1952, that I last saw the deceased alive on Dec 22, 1952, and that death occurred at 8:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Murray E. Stine M.D. 7E Church St 12-23-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 26, 1952 — NAME OF CEMETERY OR CREMATORY: Church of The Brethren — LOCATION (City, town, or county) (State): Monrovia Md

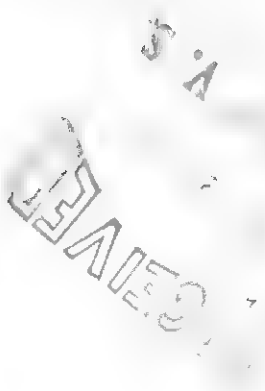
DATE REC'D BY LOCAL REG.: 23 December 1952 — REGISTRAR'S SIGNATURE: Elizabeth S. Hess

24. FUNERAL DIRECTOR: Robert E. Dailey — ADDRESS: FREDERICK, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town): Lander
LENGTH OF STAY (in this place): 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenmerrie Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 604½ North Market Street

3. NAME OF DECEASED (Type or Print): (First) HALLIE (Middle) (Last) MARTIN

4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 85 ? yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Dertzbaugh

14. MOTHER'S MAIDEN NAME: Catherine Metzger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Walter C. Sinn, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular accident — Interval between onset and death: 12 hours

4437 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4/52, 19....., to 12/5/52, 19....., that I last saw the deceased alive on 12/5/52, 19....., and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): William [illegible] M. D.

ADDRESS: Brunswick, Maryland

DATE SIGNED: 6 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 8 Dec 1952

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 8 Dec 1952

REGISTRAR'S SIGNATURE: Elizabeth L. Heck

24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 1554

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospt

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick Rural
STREET ADDRESS (If rural give location) Route 3

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Charlton (Last) McCurdy

4. DATE OF DEATH: (Month) Dec (Day) 19 (Year) 1952

5. SEX: male — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): married — 8. DATE OF BIRTH: Dec 10-1881 — 9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Antique furniture Dealer — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): West Virginia — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William S. McCurdy — 14. MOTHER'S MAIDEN NAME: Anna Post

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: None — 17. INFORMANT & ADDRESS: P. C. McCurdy - Washington D.C

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Chronic Nephritis with Uremia	2 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Probable previous pyelonephritis	several years
	(c) DUE TO Benign Prostatic Hypertrophy	at least 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — several years.

19a. DATE OF OPERATION: 12/9/52 — 19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hypertrophy — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 12, 1952, to Dec. 19, 1952, that I last saw the deceased alive on Dec. 19, 1952, and that death occurred at 10.30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Ernest A. Dettbarn M.D. — 1 E. Church St. Frederick Maryland — Dec. 19 1952

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial — DATE THEREOF: Dec 22-1952 — NAME OF CEMETERY OR ~~CREMATORY~~: Cedar Hill Cem — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REGISTRAR: 19 December 1952 — REGISTRAR'S SIGNATURE: Elizabeth S. Hecht — 24. FUNERAL DIRECTOR ADDRESS: The L. H. Hines Co 2901-14th St. N.W. Washington D.C.

VS. A15

Item 18 Film G149 -1-5-53 ams

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 836 North Market Street

3. NAME OF DECEASED (Type or Print): (First) ANDREW (Middle) CHARLES (Last) MORGAN

4. DATE OF DEATH (Month) December (Day) 19, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widower

8. DATE OF BIRTH: July 30, 1877

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Morgan

14. MOTHER'S MAIDEN NAME: Rosanna Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Charles W. Stull, Frederick, Maryland 836 North Market Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Intestinal Obstruction — Interval Between Onset and Death: 1 hr

E70.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gall stone ileus

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12, 1952, to Dec 19, 1952, that I last saw the deceased alive on Dec 19, 1952, and that death occurred at 5:20 A. m., from the causes and on the date stated above.

SIGNATURE: E P Thomas — (Degree or title) M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 12/20/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 22, 1952 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 22 December 1952 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck.

24. FUNERAL DIRECTOR — ADDRESS: M. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14356

Reg. Dist. No. 134

1. PLACE OF DEATH: COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg; HOSPITAL OR INSTITUTION OR STREET ADDRESS; STATE MARYLAND; LENGTH OF STAY (In this place) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Emmitsburg; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Oscar (Last) Orndorff

4. DATE OF DEATH: (Month) Dec (Day) 28 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 13 1905

9. AGE last birthday: 47 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis N. Orndorff

14. MOTHER'S MAIDEN NAME: Cora M. Welty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs James Orndorff Emmitsburg Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Bronchus about 1 year

165+ Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 1952

19b. MAJOR FINDINGS OF OPERATION: Biopsy by bronchoscope (Bronchogenic Carcinoma)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to Dec 28, 1952, that I last saw the deceased alive on Dec 27, 1952, and that death occurred at 6P m., from the causes and on the date stated above.

SIGNATURE: W.R. Codle (Degree or title) MD ADDRESS: Emmitsburg Md DATE SIGNED: 12-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Dec 31-1952 NAME OF CEMETERY OR CREMATORY: St Anthony Cem LOCATION (City, town, or county) (State): St Anthony Fredk Co Md

DATE REC'D BY LOCAL REG.: Dec 30-1952 REGISTRAR'S SIGNATURE: M.F. Sluff

24. FUNERAL DIRECTOR: M.L. Eyler & Son ADDRESS: Thurmont Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11557

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) About 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 231 West South Street

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) MARY (Last) OVERSTREET

4. DATE OF DEATH: (Month) December (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed

8. DATE OF BIRTH: November 14, 1883

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. Kahle

14. MOTHER'S MAIDEN NAME: Cynthia Hutchison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Miss Virginia Overstreet, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Pulmonary Edema — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease, Chronic — 60 years
DUE TO (c) —

410X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mitral and Aortic Stenosis

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30, 1950, to Dec. 6, 1952, that I last saw the deceased alive on Dec. 6, 1952; and that death occurred at 10:40 A., from the causes and on the date stated above.

SIGNATURE Bernard C. Thomas Jr. M.D. (Degree or title) ADDRESS Frederick Md. DATE SIGNED Dec. 6, 1952

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (Specify) Burial — DATE THEREOF Dec. 9, 1952 — NAME OF CEMETERY OR CREMATORY Fairmount Cemetery — LOCATION (City, town, or county) (State) Libertytown, Maryland

DATE REC'D BY LOCAL REGISTRAR 9 December 1952 — REGISTRAR'S SIGNATURE Elizabeth G. Hack

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

VS. A15

DEC 1
REAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, MD. 14558

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Thurmont
STREET ADDRESS (If rural give location) Lewistown

3. NAME OF DECEASED: (Type or Print) (First) MARIE (Middle) DeLaplane (Last) PALMER
4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify) Widowed
8. DATE OF BIRTH: 6-15-1877
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frederick Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. T.E.R. Miller
14. MOTHER'S MAIDEN NAME: Margaret DeLaplane

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: George M. Palmer Thurmont Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Uremia — Interval Between Onset And Death: 1 week
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Cardiac failure — 6 wks.
DUE TO
(c) Arterio-Sclerotic Heart Dis. — 1 year
(26-X)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 Yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1946 to 26 Dec., 1952, that I last saw the deceased alive on 25 Dec, 1952, and that death occurred at 5:15 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Charles H. Corley Jr. M.D. ADDRESS Frederick Md. DATE SIGNED 12/26/52

23. BURIAL, CREMATION, REMOVAL. (Specify) Burial
DATE THEREOF 12-29-1952
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Frederick (State) Fred. Md
DATE REC'D BY LOCAL REGISTRAR 26 Dec 1952
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR M. L. Creager & Son ADDRESS Thurmont Md.

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

1559

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY: Frederick — STATE: MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~Town~~: Frederick R.F.D. #5
LENGTH OF STAY (in this place): 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shookstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~Town~~: Frederick R.F.D. #5
STREET ADDRESS (If rural, give location): Shookstown

3. NAME OF DECEASED (Type or Print): (First) AUSTIN (Middle) WILLIAM (Last) ROPP

4. DATE OF DEATH: (Month) DEC. (Day) 21 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: Sept. 6, 1923

9. AGE last birthday: 29 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Ropp

14. MOTHER'S MAIDEN NAME: Myrtle M. McKenzie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. John W. Ropp, Shookstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

3533

Immediate cause (a) Asphyxia secondary to

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Idiopathic Epilepsy

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental deficiency

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN): Shookstown (COUNTY): Frederick (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-21-52 6 a.m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Suffocated in bed during epileptic attack

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Robert J. Turie, M.D. ADDRESS: 8 W Third St., Frederick, Md. DATE SIGNED: 12-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 23, 1952 — NAME OF CEMETERY OR CREMATORY: Rocky Springs Cemetery — LOCATION (City, town, or county) (State): Rocky Springs, Maryland

DATE REC'D BY LOCAL REG.: 22 December 1952 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR AND ADDRESS: M.R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First) HELEN (Middle) ELIZABETH (Last) SAGER

4. DATE OF DEATH (Month) Dec (Day) 22 (Year) 52

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 11/4/1917
9. AGE last birthday 35 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Not Known
14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Emma M. Sager, Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 22, 1952 to Dec 22, 1952 that I last saw the deceased alive on Dec 22, 1952 and that death occurred at 4:20 a m., from the causes and on the date stated above.

SIGNATURE H. H. Nusbaum (Degree or title) M.D. ADDRESS Union Bridge Md DATE SIGNED Dec 23

23. BURIAL, CREMATION, REMOVAL (Specify) Interment
DATE THEREOF 12/24/52
NAME OF CEMETERY OR CREMATORY Pipe Creek Cem.
LOCATION (City, town or county) Carroll County (State) Md

DATE REC'D BY LOCAL REG. Dec 23/52
REGISTRAR'S SIGNATURE Elizabeth L. Hahn
24. FUNERAL DIRECTOR W. D. Hartzler & Son
ADDRESS Union Bridge & Taneytown, Md

VS. A 6 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 29
V. 5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

2361

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—1

1. PLACE OF DEATH: COUNTY: Frederick; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: State Sanatorium
LENGTH OF STAY (in this place): 21 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: State Sanatorium,
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) (Last) Scanlon

4. DATE OF DEATH: (Month) Dec. (Day) 1 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/26/1889

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Post Office

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Scanlon

14. MOTHER'S MAIDEN NAME: Susan ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4/20/1

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset and Death: Few Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular Disease — 5 Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19....., to 12/1, 19..52, that I last saw the deceased alive on 11/26, 19.52, and that death occurred at 3 P.m., from the causes and on the date stated above.

SIGNATURE: J. B. Lynn, M.D. (Degree or title) ADDRESS: State Sanatorium, Md. DATE SIGNED: 12/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 4/1952 — NAME OF CEMETERY OR CREMATORY: Rest Haven — LOCATION (City, town, or county) (State): Hagerstown, Md

DATE REC'D BY LOCAL REG. 12/2/52 — REGISTRAR'S SIGNATURE: J B Lynn

24. FUNERAL DIRECTOR — ADDRESS: Kraus Funeral Home, Hagerstown, Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11562 Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Three Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ Rural Middletown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Molly (Middle) A. (Last) Sigler

4. DATE OF DEATH: (Month) 12 (Day) 14 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. ~~SINGLE, MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify): widow

8. DATE OF BIRTH: 5-1-1866

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: David Ausherman

14. MOTHER'S MAIDEN NAME: Amanda Fernsburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr Robert Arnold, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardiac decompensation	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Auricular Fibrillation	1 month
	DUE TO (c) Arterio Sclerotic heart disease	6 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/12, 1952, to 12/14, 1952, that I last saw the deceased alive on 12/11, 1952, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE Charles L Corley Jr (DEGREE OR TITLE) M.D. ADDRESS Frederick, Md. DATE SIGNED 12/16/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial

DATE THEREOF 12-17-1952

NAME OF CEMETERY OR CREMATORY Pleasant View Cem.

LOCATION (City, town, or county) (State) Frederick Co, Md.

DATE REC'D BY LOCAL REG. Dec 17 1952

REGISTRAR'S SIGNATURE Elizabeth G Heck.

24. FUNERAL DIRECTOR ADDRESS Gladhill Co. Middletown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14563

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Jefferson
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) VIOLA (Middle) MAY (Last) SMITH

4. DATE OF DEATH: (Month) DECEMBER (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widow

8. DATE OF BIRTH: Sepy. 23, 1887

9. AGE last birthday: 65 yrs. — If under 1 year: Months; Days — If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Allen

14. MOTHER'S MAIDEN NAME: Albina Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Leo Steiner, Jefferson, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Congestive Cardiac Failure — Interval Between Onset and Death: 1 week

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Arteriosclerotic Cardio-Vascular Disease — Interval Between Onset and Death: several years

(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 8, 1952, to Dec. 9, 1952, that I last saw the deceased alive on Dec. 9, 1952, and that death occurred at 3:48 P.m., from the causes and on the date stated above.

SIGNATURE: Ernest A. Dittbarn — (Degree or title): M.D. — ADDRESS: Frederick, MAryland — DATE SIGNED: 12/10/52

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify): Burial — DATE: Dec. 12, 1952 — NAME OF CEMETERY OR CREMATORY: Methodist Cemetery — LOCATION (City, town, or county) (State): Jefferson, Maryland

DATE REC'D BY LOCAL REG.: 12 December 1952 — REGISTRAR'S SIGNATURE: Elizabeth S. Hoch

24. FUNERAL DIRECTOR — ADDRESS: M.R. Etchison & Son, Frederick, Maryland

330

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14564

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick-Rural — LENGTH OF STAY (In this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Airy
STREET ADDRESS (If rural, give location): R.F.D. 4

3. NAME OF DECEASED (Type or Print): (First) Gary (Middle) Filmore (Last) Stallings
4. DATE OF DEATH: (Month) Dec. (Day) 20 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 12-12-1952
9. AGE last birthday: ✓ yrs. — If under 1 year: Months — Days: 8 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Filmore Stallings
14. MOTHER'S MAIDEN NAME: Edith M. Suthard (Suter)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: James F. Stallings-Mt. Airy-Md. Route 4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Dec, 19 52, to 20 Dec., 19 52, that I last saw the deceased alive on 19 Dec., 19 52, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

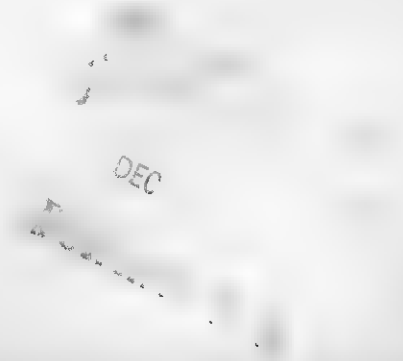
SIGNATURE (Degree or title): R L Guest, MD — ADDRESS: 75 Church Frederick Md — DATE SIGNED: 22 Dec 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12-21-1952 — NAME OF CEMETERY OR CREMATORY: Prospect View Cemetery — LOCATION (City, town, or county) (State): Nr. Mt. Airy-Maryland

DATE REC'D BY LOCAL REG.: 21 December 1952 — REGISTRAR'S SIGNATURE: Elizabeth S. Heath — 24. FUNERAL DIRECTOR ADDRESS: C.E.Cline and Son-Frederick-Maryland

VS. A15

21V28 2401


DEC

MARYLAND STATE DEPARTMENT OF HEALTH

11565

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 134

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, — LENGTH OF STAY (In this place) 21 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 East Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, Md.
STREET ADDRESS (If rural, give location) 208 East Main Street

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ESTHER (Last) STONESIFER
4. DATE OF DEATH: (Month) DEC. (Day) 30 (Year) 1952
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: Oct. 23, 1900
9. AGE last birthday: 52 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Tea Room
11. BIRTHPLACE (State or foreign country): Pa. Fairfield R.D. Adams Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Marks Gordon
14. MOTHER'S MAIDEN NAME: Rebecca Grimes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-12-1064
17. INFORMANT AND ADDRESS: Robert W. Stonesifer 208 E. Main St. Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE ARSENIC POISONING — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 971.6

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INVOLUTIONAL MELANCHOLIA

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Emmitsburg — (COUNTY) Frederick — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12-29-52 3 p.m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Ingested Paris Green

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Robert J. Zuma, M.D. — ADDRESS 8 W 3rd St., Frederick, Md. — DATE SIGNED 12-30-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan. 2, 1953 — NAME OF CEMETERY OR CREMATORY Fairfield Union — LOCATION (City, town, or county) (State) Fairfield, Adams Co. Pa.

DATE REC'D BY LOCAL REG. Jan 2 1953 — REGISTRAR'S SIGNATURE M. E. Shuff

24. FUNERAL DIRECTOR — ADDRESS S. L. Allison Emmitsburg, Md.

S. L. Allison

VS. 415M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (In this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 252 Carroll Parkway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural, give location): 252 Carroll Parkway

3. NAME OF DECEASED (Type or Print): (First) AMANDA (Middle) GRIM (Last) STRINE

4. DATE OF DEATH: (Month) December (Day) 4, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): Widow

8. DATE OF BIRTH: March 4, 1877

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Grim

14. MOTHER'S MAIDEN NAME: Susan Eyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): NO

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Harvey R. Cramer, 252 Carroll Parkway, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary [illegible]

421.0 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1951, to [illegible], 1952, that I last saw the deceased alive on [illegible], 1952, and that death occurred at 11:00 A. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS Frederick, Maryland DATE SIGNED 12/5/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE: Dec. 6, 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE RECD BY LOCAL REG.: 5 December 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Fech.

24. FUNERAL DIRECTOR: M.R. Etchison & Son, ADDRESS: Frederick, maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

14567

Reg. Dist. No. 13

1. PLACE OF DEATH
COUNTY: Frederick — MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Urbana
LENGTH OF STAY (In this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Urbana
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Minnie	Florence	Stup	December 31- 1952

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	1-8-1872	80 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Charles Kidd	Ann M. Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Mrs. Paul E. Albaugh-Urbana, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac dilatation

421.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with pulmonary edema — 1/2 hr.

(c) Chronic mitral Regurgitation — 10yrs +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 31, 1952, to Dec 31, 1952, that I last saw the deceased alive on Dec 31, 1952, and that death occurred at 7:40a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. Thomas M.D. Frederick, Md 1/2/53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 3-1953	Mount Olivet Cemetery	Frederick-Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2 January 1953	Elizabeth L. Heck	C.E.Cline and Son- Frederick-Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 22 East Sixth Street

3. NAME OF DECEASED (Type or Print): (First) HARRIETT (Middle) VIRGINIA (Last) SWANN
4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widow
8. DATE OF BIRTH: 22 Aug 1874
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William H. Frazier
14. MOTHER'S MAIDEN NAME: Theresa Cromwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mary C. Swann, 22 E. 6th St., Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 4 hours
443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Hypertensive Cardio-Vascular Disease — several years
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1952, to Dec. 22, 1952, that I last saw the deceased alive on Dec. 22, 1952, and that death occurred at 2:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Ernest A. Detchon M. D. Frederick, Maryland 23 Dec 1952

23. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): Burial
DATE THEREOF: 24 Dec 1952
NAME OF CEMETERY OR CREMATORY: St. John's Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 24 Dec 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Hoch.
24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

14569

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium
LENGTH OF STAY (in this place) Since 3/24/52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 122 Scott St. ✓

3. NAME OF DECEASED (Type or Print): (First) Dallas (Middle) (Last) Thacker
4. DATE OF DEATH: (Month) December (Day) 17 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Divorced	12/15/1894	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	City	Fredericksburg, Virginia	U.S.

13. FATHER'S NAME: Emmett Thacker
14. MOTHER'S MAIDEN NAME: Minnie Corneil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Etta Bew, 122 Scott St., Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Tuberculosis	1½ Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

002X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3/24, 1952, to 12/17, 1952, that I last saw the deceased alive on 12/17, 1952, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. H. Lyon, M.D. — ADDRESS State Sanatorium, Md. — DATE SIGNED 12/17/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 20/52	Loudon Park Cemetery	Baltimore, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
12/17/52	J. H. Lyon	Wm. J. Eichner & Son

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11570

Reg. Dist. No. 131

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
LENGTH OF STAY (In this place) 49 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick
STREET ADDRESS (If rural, give location) 111 Frederick Avenue

3. NAME OF DECEASED (Type or Print): (First) EARL (Middle) (Last) TROXELL
4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9 April 1909
9. AGE last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Electric Power Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clayborne Troxell
14. MOTHER'S MAIDEN NAME: Edna B. Edmonds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-10-4109
17. INFORMANT AND ADDRESS: Mrs. Annabelle T. Troxell, Frederick, Md. ~~111 Frederick Ave~~

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Head & Body of Pancreas — 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cachexia — 1 month

(c) Pulmonary Atelectasis — 1 week

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 19 52, to Dec 27, 19 52, that I last saw the deceased alive on Dec 27, 19 52, and that death occurred at 7:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J Thomas E Stone M. D. Frederick, Maryland 30 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 30 Dec 1952
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 30 December 1952
REGISTRAR'S SIGNATURE: Elizabeth G. Heck
24. FUNERAL DIRECTOR ADDRESS: M. R. Etchison & Son, Frederick, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH 14571

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A16A

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Point of Rocks; LENGTH OF STAY (in this place) ??; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rock Hall

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Point of Rocks; STREET ADDRESS (If rural, give location) RockHall

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	WILLIAM	VINCENT	12 -	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	May 17, 1935	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Dairy Farm	Virginia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Lenous N. Vincent	Nellie Hartley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	No	217-32-6971	Mr. Lenous N. Vincent, Point of Rocks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull, crushed chest and

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) internal injuries of abdomen

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
m.		Automobile struck Eight pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Robert J. Jurie, M.D.	8 W 3d St., Frederick Md	12-27-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 27, 1952	Green Hill Cemetery	Stephen City, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
29 December 1952	Elizabeth G. Herb	M.R. Etchison & Son,	Frederick, Maryland

14572

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

VS. A1 — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Frederick — STATE: MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick R.F.D. #5
LENGTH OF STAY (In this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Rocky Springs

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick R.F.D. #5,
STREET ADDRESS (If rural, give location): Near Rocky Springs

3. NAME OF DECEASED (Type or Print): (First) Cornelius (Middle) Albert (Last) Wachter Jr.

4. DATE OF DEATH: (Month) December (Day) 17, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: Sept. 15, 1871

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Cornelius Albert Wachter Sr.

14. MOTHER'S MAIDEN NAME: Rebecca Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: 112 Pine Avenue, Mr. Harry L. Wachter, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute bilateral pyelonephritis — 1 week

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Previous kidney damage from former prostate trouble — 2 years before

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1952, to Dec. 17, 1952, that I last saw the deceased alive on Dec. 17, 1952, and that death occurred at 6:00 P.m., from the causes and on the date stated above.

SIGNATURE: Ernest A. Etchison — (Degree or title) M.D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 12/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 20, 1952 — NAME OF CEMETERY OR CREMATORY: Brook Hill Cemetery — LOCATION (City, town, or county) (State): Yellow Springs, Maryland

DATE REC'D BY LOCAL REG.: 18 December 1952 — REGISTRAR'S SIGNATURE: Elizabeth S. Hoch

24. FUNERAL DIRECTOR — ADDRESS: M.R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1457?

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick — LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 725 Motter Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 725 Motter Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALLEN	THOMAS	WEBSTER	December 8, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widower	Feb. 22, 1871	81 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Grocer	Own	Maryland	USA

13. FATHER'S NAME: George W. Webster
14. MOTHER'S MAIDEN NAME: Susan M. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS 725 Motter Avenue, Miss Jessie M. Webster, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia — Sclerosis cystic

42 11 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular — 6 months +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

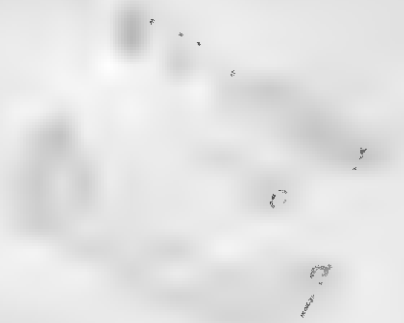
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from August, 1952, to Dec 8, 1952, that I last saw the deceased alive on Dec 8, 1952, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Thomas	M.D.	Frederick, Maryland	12/10/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 11, 1952	Mount Olivet Cemetery	Frederick, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11 December 1952	Elizabeth S. Heck	M.R. Etchison & Son	Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1357

Reg. Dist. No. 131

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville; STREET ADDRESS (If rural, give location) Fourth Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	RUBEN	WILHIDE	Dec.	7	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	April 5 1866	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steel Metal Worker	Factory - employee	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Otis Wilhide	Margaret Eiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	212-14-3476	Mrs. Ruben Wilhide, Walkersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis & myocardial infarction	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic CVD	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
Pyelonephritis + benign prostatic hypertrophy		5 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 19 47, to 7 Dec, 19 52, that I last saw the deceased alive on 7 Dec, 19 52, and that death occurred at 11:45 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James E. Stoner Jr.	MD	Walkersville Md.	9 Dec 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/11/52	Mt Hope	Woodsboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9 December 1952	Elizabeth S. Heck	J. C. Barton, Walkersville, Md.	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; LENGTH OF STAY (In this place) 50 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Thurmont; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WILLIAM	E	WILHIDE	Dec	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Nov. 11-1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer retired	Own farm	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Taylor Wilhide	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No no	no	Charles Wilhide Thurmont Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	7 hrs.
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Arteriosclerosis	2 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May 17, 1950, to Dec. 24, 1952, that I last saw the deceased alive on Dec. 24, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Lauren K. Gray M.D. Thurmont Md. 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 27-1952	N.B. Cem	Thurmont Fred Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 27, 1952	Chas S. Pryor, Sr	M.L. Creager Son	Thurmont Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14576

CERTIFICATE OF DEATH

Reg. Dist. No. 13 1

VS. A1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Adamstown
STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) (Last) Williams

4. DATE OF DEATH: (Month) 12 (Day) 13 (Year) 1952

5. SEX: F

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 4-23-1904

9. AGE last birthday: 48 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Flint Hill Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Brown

14. MOTHER'S MAIDEN NAME: Maggie Proctor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Naomi Carroll, Frederick, Rd 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Ure Mia	2 mos.
442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephrosclerosis	years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 19 52, to 12/13, 19 52 that I last saw the deceased alive on 12-13, 19 52 and that death occurred at 10:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James B. Trouton, M.D. Frederick, Md. 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial Dec. 16-52 Hope Hill Hope Hill, Md.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE

16 December 1952 Elizabeth G. Haller

24. FUNERAL DIRECTOR ADDRESS

Charles E. Kirby III Ford Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1577, 31

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lilmow Bridge; LENGTH OF STAY in this place) 42 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lilmow Bridge; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) V. (Last) WILLIAMS

4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 6/11/1880

9. AGE last birthday: 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Owner

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: James Henry Williams

14. MOTHER'S MAIDEN NAME: Grace Shanks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 218-32-3312

17. INFORMANT: Roger L. Williams, Lilmow Bridge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death:

Antecedent cause(s) 42

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 9, 1952, to Dec 2, 1952, that I last saw the deceased alive on Dec 3, 1952, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE J. H Legg (Degree or title) MD ADDRESS Lilmow Bridge DATE SIGNED Dec 3-'52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 12/5/52; NAME OF CEMETERY OR CREMATORY Mt. Hope Cem; LOCATION (City, town, or county) Woodsboro, Md (State)

DATE REC'D BY LOCAL REG. Dec 4, 1952; REGISTRAR'S SIGNATURE Leslie L. Hafer; Elizabeth G. Fleck; 12-9-52

24. FUNERAL DIRECTOR D. D. Hartzler & Sons; ADDRESS Lilmow Bridge & New Windsor Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick; LENGTH OF STAY (in this place) 4 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Frederick; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont; STREET ADDRESS (If rural, give location) West Main

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy	Lee	Wisotzkey	Dec.	30	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Dec. 30, 1897	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Own Store	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Oliver B. Wisotzkey	Emma Maugans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	217-07-2866	Mrs. Mae Wisotzkey Thurmont, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
16 + Immediate cause	(a) Carcinoma of Kidney	1 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic to Liver, Omentum & Lungs	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 2, 1952, to Dec 30, 1952, that I last saw the deceased alive on Dec 30, 1952, and that death occurred at 12:30 P.M. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H Lawrence Zahniy	MD	Frederick, Md.	12-31-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 2, 1953	Blue Ridge Cemetery	Thurmont, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2 January 1953	Elizabeth L. Hecla	M. L. Creager & Son	Thurmont Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11079

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age PLEASE WRITE PLAINLY, WITH UNFADING INK. especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (In this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 227 West Seventh Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 227 West Seventh Street

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) CATHERINE (Last) WOLFE

4. DATE OF DEATH: (Month) December (Day) 20, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug. 17, 1869

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John P. Smith

14. MOTHER'S MAIDEN NAME: Rebecca Minnick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. William K. Wolfe, 227 West Seventh Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 10 hours

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 19 52 to Dec. 20 19 52; that I last saw the deceased alive on Dec. 20, 19 52 and that death occurred at 9:30 P.m., from the causes and on the date stated above.

SIGNATURE: Wm. M. Smith | (Degree or title) M.D. | ADDRESS: Frederick, Maryland | DATE SIGNED: 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 23, 1952 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 23 December 1952 | REGISTRAR'S SIGNATURE: Elizabeth G. Hack

24. FUNERAL DIRECTOR: M.R. Etchison & Son | ADDRESS: Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

14580

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; LENGTH OF STAY (in this place) 29 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 527 Wilson Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick; STREET ADDRESS (If rural, give location) 527 Wilson Place

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) WALTER (Last) WORTHINGTON- SR.

4. DATE OF DEATH: (Month) December (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Widowed

8. DATE OF BIRTH: Oct. 22-1867

9. AGE last birthday: 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas L. Worthington

14. MOTHER'S MAIDEN NAME: Helen McClean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Miss Frances Worthington- 527 Wilson Place Frederick-Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	years
	(c)	

38/2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 50., to 12/15, 19 52, that I last saw the deceased alive on 12/14, 19 52, and that death occurred at 1:15a m., from the causes and on the date stated above.

SIGNATURE James B. Thomas (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED 12/16/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial | DATE THEREOF 12-17-1952 | NAME OF CEMETERY OR CREMATORY All Saints Cemetery | LOCATION (City, town, or county) (State) Reisterstown-Maryland

DATE REC'D BY LOCAL REG. 16 December 1952 | REGISTRAR'S SIGNATURE Elizabeth B. Heck | 24. FUNERAL DIRECTOR ADDRESS C.E.Cline and Son- Frederick- Md.

RECEIVED
DEC 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14581

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (In this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 620 Trial Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 620 Trial Avenue

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) CHANDLER (Last) ZEIGLER
4. DATE OF DEATH (Month) December (Day) 21, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: Jan. 29, 1866
9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George E. Greenwood
14. MOTHER'S MAIDEN NAME: Annie Nihoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: George Z. Zeigler, 620 Trial Avenue, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 8 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arter Sclerosis — 5 yrs +

450.0

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 19 52, to Dec 21, 1952, that I last saw the deceased alive on Dec 21, 1952, and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Frederick, Maryland 12/22/52

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify): Burial | DATE THEREOF: Dec. 24, 1952 | NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery | LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 23rd Dec 1952 | REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

RECEIVED
DEC 29 1952
BUREAU V. S.